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24498 7590 12/11/2008

Joseph J. Lyles - Robert D. Shedd  
 Thomson Licensing LLC  
 2 Independence Way, Patent Operations  
 PO Box 5312  
 PRINCETON, NJ 08543-0003 DEEMESS2 00000114 070832 10523484

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Kathleen Lyles (Depositor's name)  
 (Signature)  
 February 10, 2009 (Date)

APPLICATION NO.	FILED DATE	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/523,484	02/04/2005	1.00 DA	Matthew Thomas Mayer	PU020365	3846

TITLE OF INVENTION: METHOD AND APPARATUS FOR PERFORMING CHANNEL DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/11/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HSIA, SHERRIE Y		2622	348-731000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (See Address change above)  
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☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert D. Shedd  
 2 Joseph J. Opalach  
 3 Brian J. Cromarty

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THOMSON LICENSING

Boulogne-Billancourt, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 10 Feb 2009

Typed or printed name Brian J. Cromarty

Registration No. L0027

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Boulogne-Billancourt, FRANCE

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Authorized Signature

Date 10 Feb 2009

Typed or printed name Brian J. Cromarty

Registration No. 10027

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